

New Grant Received to Study Telemedicine

The South Carolina AHEC received good news in early November from the Health Care Division of The Duke Endowment. The Endowment had agreed to fund a project entitled "Assessing the Need and Feasibility for Using New Technologies to Increase Access to Subspecialty Consultative Services for Rural South Carolina Communities".

The rationale for this study is that it is often difficult for people residing in rural communities to obtain subspecialty consultative services. Distance, transportation problems, and cost are among the barriers that

make it difficult for rural residents to travel to the offices of subspecialists when such services are needed. The availability of more affordable, high quality telemedicine technology can help bridge this distance by permitting subspecialists to consult about patients' needs without requiring anyone to travel out of town.

The initial phase of the project will be a survey of community-based clinicians and rural hospital physicians and administrators



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Palmetto State Geriatric Education Center Builds on Partnerships

The U.S. Health Resources and Services Administration (HRSA) has named the Palmetto State Geriatric Education Center (PS-GEC) as one of the newly funded Geriatric Education Centers (GECs). The PS-GEC will provide training of health professions faculty, students and practitioners in the diagnosis, treatment and prevention of disease in the elderly.

The three-year PS-GEC grant is housed in the USC School of Medicine Division of Geriatrics. Victor Hirth, MD is the Principle Investigator and Maureen Dever-Bumba, MSN, DrPH(c) is the Project Director. The theme of the project is "Quality in Geriatrics," focusing on four main cognates: Communication with Older Adults/Cultural Competence and Health Literacy; End of Life and Palliative Care; Quality Care and Practice Improvement; and Cognitive Vitality.

Projects supported under this grant offer interdisciplinary training for professionals. Training will be provided through a consortium of four collaborating institutions which cover the geographic areas of the state. The University of South Carolina (USC) is the lead institution, with the USC Schools of Medicine, Social Work and Pharmacy collaborating on projects. Other consortia members are the Medical University of South Carolina (MUSC), where the previous SC-GEC grants were housed; Clemson University (CU) and the South Carolina AHEC system consisting of

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to identify the types of subspecialty services they would like to have available for the patients they serve. A subsequent survey will then be developed and sent to a sample of the subspecialists identified in the first survey to determine what would be needed to encourage them to reserve time in their schedules to provide telemedicine consultations. The South Carolina Rural Health Research Center in Columbia, SC will be coordinating the development, distribution, and analysis of these surveys.

The other important factor is providing reimbursement to the subspecialists willing to provide the telemedicine outreach services to rural communities. The Center for Health Economic and Policy Studies at the Medical University of South Carolina will gather information about reimbursement models in use in other states and identify what the present insurers in South Carolina are doing to reimburse for off-site consultative services. The staff of the Economic Center will prepare

information for insurers that will show the benefits and costs of making consultative care more accessible to rural communities through the use of telemedicine.

In addition to the surveys and the economic analysis, the project team will obtain input from consultants who have developed successful telemedicine services in other states. Site visits to model programs are also planned during this year long initiative.

The final phase of this project will be a stakeholders' conference where the results of the study and the recommendations will be shared with insurers, hospital leaders, rural primary care clinicians, subspecialists, and other interested parties. The ultimate goal for this entire project is to take the recommendations emerging from this study and conference, and make the necessary changes in the delivery and reimbursement systems to make subspecialty consultative services more accessible to the rural and underserved communities in South Carolina.

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four regional centers located across the state. Statewide partners include the SC Primary Health Care Association (SCPHCA-CHCs), SC Lieutenant Governor's Office on Aging, Coastal Carolina State University, the SC Center for Gerontology, and the Palmetto Health Richland and Greenville Hospital System.

The program will expand and disseminate curricula and programs including: (1) development of an interdisciplinary virtual geriatric classroom and repository of materials; (2) development of new interdisciplinary curricula; (3) provision of 24 hours of faculty interdisciplinary training in health literacy ; (4) expansion of geriatric clinical placement sites and experiences for health professions students; (5) development and export of an interdisciplinary program in Palliative Care/End of Life; (6) expansion, via pilot study, the Senior Mentor program to Pharmacy and other disciplines; (7) development of the on-line core course capability of the USC Interdisciplinary Gerontology Graduate Certificate program and (8) support of geriatric education to practicing professionals through speakers, programs, and media.

For more information about the Palmetto State Geriatric Education Center can be found at: <http://internalmedicine.med.sc.edu/geriatrics.htm>.

South Carolina Area Health Education Consortium

Executive Director
David R. Garr, MD

South Carolina AHEConnects Editor
Ragan DuBose-Morris, MA

A Different Kind of Hope Offered with Hospice Care

Dr. Hunter Woodall, AHEC Professor of Family Medicine at AnMed Health

I have now spent the past nine years as medical director of Hospice of the Upstate and welcomed hundreds of patients and families into the Callie and John Rainey Hospice House.

During that time I have continued to teach in the AnMed Health Family Medicine Residency Training Program and acted as an attending for hundreds of hospital inpatients. I have learned to contrast the different types of hope that are required to accept hospital treatment versus hospice treatment.

We must ask patients and families to shift their hope from restoration and cure to dignity and comfort.

In hospitals, patients allow us to perform painful procedures and embarrassing indignities upon them. Patients must endure blood draws before dawn, bowel preps, nauseating medicines and immobilization with catheters or sensors. We are even successful at making them wear that gown with the opening in the back.

Why do people allow and even welcome such measures? Our patients enter the hospital experience with restorative hope. Their goal is to be restored to a state of health as good as or better than they experienced prior to their most recent illness. Hospitals have been successful in convincing our patients to accept a high level of discomfort in order to “get better,” and we often deliver on our promises.

In contrast, hospice home care concentrates on folks with less than a year of expected life, and our hospice house concentrates on care of those with three months or less to live.

While a few of our patients improve and graduate from hospice alive, most of the time we cannot offer restorative hope. We must ask patients and families to shift their hope from restoration and cure to dignity and comfort. This shift rarely takes place rapidly, almost never overnight. The families and patients who can make the shift in their goals can keep their hope until their dying day. Some find real joy in their hospice experience.

Often families and patients will resist hospice referral, thinking that it means that they must abandon hope. Hospice care emphasizes different goals from curative care. It is a high touch approach including hope for symptom relief, dignity, comfort and respect. For hospice workers, the true enemy is not death but despair. We contend not so much with disease but with suffering.

In living and in dying, the South Carolina state motto rings true. “Dum spiro spero,” while I breathe, I hope.

So hope is common to us all. In living and in dying, the South Carolina state motto rings true. “Dum spiro spero,” while I breathe, I hope.

Dr. Hunter Woodall has been medical director of the Callie & John Rainey Hospice House of the Upstate in Anderson since the facility opened in 1998. He is board certified in family medicine, with additional certification in hospice and palliative care, and AHEC professor of family medicine at AnMed Health.

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Gary Goforth, MD named South Carolina Academy of Family Physicians "Family Physician of the Year"

The Board of Directors of the South Carolina Academy of Family Physicians has selected Gary A. Goforth as the 2007-2008 SCAFP Family Physician of the Year. Dr. Goforth was presented the SC Family Physician of the Year Award at the Academy's 59th Annual Scientific Assembly, on November 8-10, 2007 at the Marriott Beach & Golf Resort on Hilton Head Island.



Dr. Goforth is a graduate of Vanderbilt University and the Vanderbilt School of Medicine in Nashville, TN. He began his active duty in the U.S. Army at the beginning of residency training at Tripler Army Medical Center in Honolulu, Hawaii. He has also completed a Fellowship in Tropical Medicine and earned a Masters in Tropical Medicine and Hygiene from the Uniformed Services University of Health Sciences in Bethesda, Maryland. While on active duty, Dr. Goforth served as a U. S. Army Senior Flight Surgeon and for two years was the personal physician for the U. S. Army Chief of Staff. Dr. Goforth served in Operation Desert Shield/Storm and was awarded the Bronze Star for his work with the 82nd Airborne Division. During his military career he earned numerous military decorations. In 1993 Dr. Goforth completed his active duty in the U. S. Army and joined the SC Army National Guard where he attained the rank of Colonel before his retirement in 2002. In January 1994 he joined the Self Regional Hospital Family Medicine Residency faculty in Greenwood, SC. In 1998, Dr. Goforth became the Director of Medical Education and South Carolina AHEC Family Medicine Residency Program Director at Self Regional Healthcare in Greenwood, SC and remains in that position today.

He and his wife Kathy and their three children enjoy living in the Greenwood community. Active in the local and worldwide community, Dr. Goforth has volunteered his time in many

areas. A former Eagle Scout, Dr. Goforth has served as an Assistant Scoutmaster, Cubmaster, and Webelos Den Leader. He is active in his church as an ordained deacon, orchestra member, Sunday School teacher and on numerous committees.

He is the Medical Director of the Greater Greenwood United Ministries Free Medical Clinic and serves on the Board for the Greater Greenwood United Ministry. He is very involved with the Emerald City Rotary Club and served as President, on the Board of Directors and with various committees. In 2000 his Rotary District 7750 presented him their highest award, the "Service Above Self" Rotary International Award. In 2002 he was one of 144 members worldwide to receive the "Service Above Self" Rotary International Award from Rotary International. Dr. Goforth's leadership and generous spirit are apparent in his involvement in international medical missions with the Volunteers in Medical Missions (VIMM). He has participated in numerous medical mission trips and often times has been the team leader to trips to Afghanistan, Nigeria, Kenya, Thailand, Ukraine, Mongolia, Ecuador, and other countries. He is also a Past President and member of the Board of Directors of VIMM.

Organizations and groups have recognized Dr Goforth for his outstanding contributions to the community and graduate education. His honors include the SCMA Physician of the Year for Community Service (1999), the South Carolina AHEC Halford Award for Leadership in Humane Education (2000) and the SC Rural Health Association Excellence in Rural Education Award (2007).

Congratulations to Dr. Gary Goforth in recognition of his many contributions to the community and specialty of family medicine.

Baxley Named First South Carolina Recipient of American Academy of Family Physicians Exemplary Teaching Award



Dr. Elizabeth "Libby" G. Baxley of Columbia, SC, is the recipient of the American Academy of Family Physicians (AAFP) Exemplary Teaching Award which recognizes members for their excellent teaching skills, implementation of

development of innovative teaching models.

Dr. Libby Baxley, *the first SC recipient of the award*, was nominated by the SC Chapter as the recipient of the South Carolina AHEC James G. Halford, Jr., MD Award for Leadership in Humane Education. In their letters of support for Dr. Baxley's nomination for the award, colleagues had impressive words of praise that included: "She exemplifies the human ideals of caring, dignity and respect. She truly has a passion and joy of learning, but also of teaching." "Dr. Baxley is passionate about patient care. She is a leader in quality initiatives and improvement in patient centered care practices. She models this level of care within her own practice. She treats all patients with dignity and respect. Throughout Dr. Baxley's career, she has repeatedly demonstrated her commitment to the patient and to the learner. Her excitement about learning and caring for others is infectious."

Throughout her medical career, Dr. Baxley has been an active family medicine leader on the local, state and national level. She is a teacher and mentor to many medical students and residents. Under her leadership, the Department of Family Medicine has participated in national and regional health care collaboratives aimed at improving the quality of care for patients and the education of students and residents in the AAFP's New Model

of Practice design. She has served as the director of faculty development at the USC School of Medicine, including co-director of the school's Executive Leadership Institute. She has been involved with the AAFP's Advanced Life Support in Obstetrics (ALSO) program for over a decade and has served as chair of the ALSO Advisory Board. She continues to serve on the program's faculty. Dr. Baxley is also an active member of the Society of Teachers of Family Medicine and has been a regular presenter at their Annual Meeting. She is often a presenter on health care quality improvement, maternity care and women's health issues at national and state meetings. Dr. Baxley is active in the SC Academy and currently serves on the SCAFP Board of Directors.

Dr. Baxley is Professor and Chair of the

"Throughout Dr. Baxley's career, she has repeatedly demonstrated her commitment to the patient and to the learner. Her excitement about learning and caring for others is infectious."

Department of Family and Preventive Medicine at the USC School of Medicine. She is a graduate of Clemson University and the USC School

of Medicine. She completed her residency training under her mentor, Dr. James G. Halford, Jr., at the Anderson Family Medicine Residency Program and has completed a Faculty Development Fellowship at UNC Chapel Hill. She is a board certified family physician and a fellow of the AAFP.

Dr. Baxley accepted the AAFP Exemplary Teaching Award at the AAFP Congress of Delegates Meeting and Annual Scientific Assembly on October 3, 2007 in Chicago, Illinois.

Congratulations to Dr. Libby Baxley!

Unexpected Calling Will Send Doctor to Afghanistan Gary Goforth Ready to Put His Faith in God During a Year in Kabul

Kenny Maple, Index-Journal Staff Writer

After Dr. Gary Goforth talked extensively with doctors dedicated to starting a Family Medicine residency training program in Afghanistan, he began to believe in the possibilities of such a program.

He just didn't know he'd be the one to go.

Dr. Goforth, Director of Medical Education and FP Residency Program Director at Self Regional Healthcare, first learned about the opportunity five or six years ago from Dr. John Crouch, chairman of the In His Image Family Medicine Residency Program in Tulsa, Oklahoma.



"My first thoughts were, 'We're in the middle of a war. This is a dangerous place to consider putting a residency program,'" Goforth recalled. "But the seed was planted, and I recognized the great value that it could have in a country like Afghanistan, which has tremendously (poor) health statistics."

Goforth said he didn't know how it could be accomplished, but Crouch found a man named Dr. Tim Fader, who had spent time in Kenya as a medical missionary. Fader agreed to go to Kabul and help establish the program.

Progressively, events happened in the right order. The ministry of health in Kabul worked with Fader to secure a 50-year lease on a piece of property as long as a residency program was established. Other funding was secured from various sources. The military provided funds to build the infrastructure, as it had a need for an equipped military hospital.

Over the years, Fader continued the mission, with a hospital to work in and interest in the program growing. However, the doctor was

getting on in years. So he came to the United States on furlough with a goal of securing people to come and assist the residency program.

Goforth began making calls, phoning individuals across the country to find someone who would fit the mold of what was needed in Afghanistan. What he would later find out was the person needed for the job was the man making the calls.

"I actually was searching for someone to go to Kabul," Goforth said. "I talked to several residency and faculty members. I called around the country looking for people that could go that I thought would do well in that setting. Everybody just did not feel that call to do that. They had small children or just various reasons why they could not do it."

The defining moment came in November 2006 at the Global Health Mission Conference in Southeast Christian Church in Louisville, Ky. Fader gave a presentation on the situation at the conference.

"I came to the realization that God was really calling me to do this," Goforth said. "I had searched for the right person to go and never could find them, and as I realized what had already happened there and the person they needed, it just became crystal clear to me that I was being called to do that."

As Goforth will warn you, you should not ignore the call of God to a mission. Goforth went to his boss with his news.

"I came back here and told my boss, Fred Latham, Executive Vice President and Chief Operating Officer of Self Regional Healthcare. Fred is a very godly man and he understands the call, and he's heard me talk about doing a number of things over the years here. But his first reaction was, 'I can't believe you want

to go to Afghanistan. It's not the safest place on Earth.'

"But Fred and I have spent a lot of time talking about it since that time, and he now says, 'If God's calling you to do that, it's what you need to do.'"

'The time will pass in no time.'

Goforth will leave the country July 14, 2008 and return for good in mid-June 2009. He'll take his wife, Kathy, with him. The doctor will work in CURE International Hospital while Kathy, a teacher, instructs in math in Kabul International School and College.

Goforth will briefly return to the U.S. every 89 days for retirement, insurance and benefit purposes. He will work for a three-week pay period and then return to Kabul. Goforth said he timed the returns to coincide with major events at Self Regional.

The return trips to the United States will help the Goforths cope with being away for so long, though he said the time will fly by quickly, especially with Internet capabilities, the opportunity to worship in a Christian setting at a church in the city, and the fact residents at the hospital must speak English as well as their native language.

"It's not like I'm gone that long," he said. "And the time will pass quickly, especially with the visits."

The Goforths might even have an added family member with them. Their daughter, Sarah, is considering joining them. She'll be a graduate of Furman University before then and might take up the opportunity to visit Kabul before she moves on to graduate school. Goforth said his daughter would help in the same school Kathy will work in.

And if the two or three Goforths get to missing Greenwood too much, they might be greeted by a team from Self Regional that is planning to visit and teach a course at the hospital in the spring of 2009.

Though Goforth's wife and potential visitors have never been to Afghanistan before, Goforth has.



CURE International Hospital sits quietly before the picturesque mountain landscape in Kabul, Afghanistan. Self Regional Healthcare's Dr. Gary Goforth will be working in this facility beginning this summer.

After taking a Volunteers in Medical Mission team to Sudan this past March, Goforth went to Kabul while the rest of the team traveled back home.

"It was really an exploratory trip," he said. "I had several reasons for going in March. One was just to see what the hospital looked like, to meet the people, to get some idea of what I needed to work on when we plan to come back this summer. I just didn't want to go cold without having knowledge of the program at the hospital.

"Also, (there was) the practical matters of seeing where you're going to live and reassuring people back here that it really is OK."

Goforth stayed for five days, working as an attending physician in the hospital for the medicine pediatric floors. The doctor said it was a good trip, reassuring him this was where he needed to be.

But people have asked and questioned about the safety of Afghanistan, though no attack has ever been made on the hospital. Goforth remains confident.

"People here worry more than I do about it," he said. "I've been around the world, and I've been in the Gulf War, and I've been around a lot of heartache. The trip to Sudan was the most desperate place I've ever seen, and in

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my mind (there was) far more danger there than there was in Afghanistan. I saw a whole lot more weapons and evidences of destruction in the past.

"I didn't look at this as all that unusual, but I certainly recognize that there's bad people there, and these Taliban are just very evil and they don't have any respect for human life. And you recognize that in the foreign country, and you have to be careful."

He said his faith in God will get him through.

"I trust that he's going to take care of me, and if something does happen, you're going to heaven. And I couldn't think of a better place to be — but I'm not ready to go just yet."

What he is ready to do is get to work. Though Goforth enjoys his work in Greenwood, he sees this opportunity to establish basic principles for the program, develop the curriculum and try to take what he knows from his 20-plus years of experience to Kabul.

"My intentions are to remain at Self Regional until I retire in the residency program," he said. "I really saw this as more of a sabbatical, where I would go and use my expertise and knowledge to help strengthen and mature the residency program."

Goforth beams with excitement over the opportunities for him, for others who will serve and for the relationship to be made with doctors in Afghanistan.

"I'm going over for a year, really, to give them the jump-start that they need. The exciting thing is that people are already stepping up that will go there indefinitely.

"We hope to bring more of their doctors over here to observe and experience what we do, but that process has already started."

"I had searched for the right person to go and never could find them, and as I realized what

had already happened there and the person they needed, it just became crystal clear to me that I was being called to do that." — Dr. Gary Goforth, on deciding to go to Afghanistan

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Suit Up!

Pam Bartley, DPRT Coordinator, Mid-Carolina AHEC

Mid-Carolina AHEC serves an eleven-county area that includes large and small healthcare facilities. One of the areas targeted this year for extensive disaster preparedness training is Fairfield County. Fairfield has a population of 24,000 and the county seat, Winnsboro, is located a mere 25 miles east of one nuclear reactor in Parr, SC, and 60 miles south of two reactors near Rock Hill, SC.

The county is served by Fairfield Memorial Hospital (FMH), a full-service, 25-bed critical access facility. In addition, this JCAHO accredited hospital has an inpatient step-down rehab program and a Caring Neighbors Home Health agency. All employees of FMH have taken the FEMA 100 and 200 series exams and 25% have taken the 700 and 800 series for healthcare disaster relief.

After lectures on disaster preparedness, Bill Grigsby, RN, EMT-P and I have assisted the team with preparing their Powered Air-Purifying Respirators (PAPRs) and setting up their portable decontamination tents. The disaster team employees are from housekeeping, dietary, nursing department, admissions, business department, respiratory department, medical records, maintenance department, and Caring Neighbors Home Health. Many members of the team are Fairfield residents.

For additional information on Disaster Preparedness and Response Training Programs offered by Mid-Carolina AHEC, visit www.midcarolinaahec.org.

Dr. Evans Named 2007 Halford Award Winner

The 2007 South Carolina Area Health Education Consortium James G. Halford, Jr., MD Award for Leadership in Humane Education was bestowed on T. Edwin Evans, MD, on November 9th at the South Carolina Academy of Family Physicians' Annual Meeting in Hilton Head, South Carolina.

The Halford Award is presented to a Family Medicine residency training program faculty member in recognition of outstanding leadership in providing humane education. Award winners demonstrate a caring attitude and respect for patients, residents and students; value human dignity; and demonstrate a passion and joy in learning, working and playing with others.

Dr. Evans is the Program Director for the Seneca Lakes Family Medicine Residency Program and Assistant Professor, Department of Family Medicine at MUSC. He graduated from Emory University School of Medicine and did his residency at the University of Virginia Health Sciences Center. He came to Newberry, South Carolina in 1998 and was appointed Program Director at Seneca Lakes in October 2000.



South Carolina AHEC Executive Director, Dr. David Garr, Awards Dr. Ed Evans with the 2007 Halford Award

Dr. Evans' colleagues had impressive words of praise when nominating him for this award:

"Ed Evans is without a doubt one of the finest role models in medicine and personal life I have ever met; and judging from the entire community that surrounds him, I am not alone in holding that opinion. Whether it is on the wards teaching medicine to residents, coaching baseball on the fields, teaching astronomy to wide eyed middle school kids, or sleepy eyed Sunday school children, he is the person you would want as your neighbor both on your left and right side. Edwin is a renaissance man."

"Words just cannot describe not only his commitment but his sheer joy in practicing medicine and extending the same enthusiasm into teaching medical students and residents. I aspire to not only represent what I have learned from him but to also continue the legacy by practicing and teaching with the same vigor and obvious pleasures that Dr. Evans enjoys in his daily passion."

"He has always demonstrated a caring attitude and respect for the patients that he has seen here in the office. He is a great teacher and mentor with our residents, has been a great source of encouragement and academic information source with patient care as it deals with the residents, their patients, and my private patients."

"Dr. Evans has a strong religious commitment, and respects human life and medicine as it cares for the total person including the physical, emotional, and spiritual aspects. He has a passion and joy for learning, encouraging residents, encouraging attendings, and working with others. He also demonstrates an encouraging attitude, and a joyous attitude as it relates to medicine."

Congratulations to Dr. Ed Evans, 2007 South Carolina AHEC James G. Halford, Jr., Award winner!

Anderson Physician Anne Cook Receives the James A. McFarland, MD, FACP Award

This year the South Carolina Chapter of the American College of Physicians presented the James A. McFarland, MD, FACP Award to Anne G. Cook, MD, FACP. Dr. Cook is a long time resident of the upstate of South Carolina, residing and working in the AnMed Health Family Medicine Residency Training Program.

The James A. McFarland, MD, FACP Award of the South Carolina Chapter of the American College of Physicians honors physicians who have been involved in patient care in academic or private practice settings. The award honors those physicians who have demonstrated ongoing scholarship in the academic and/or clinical setting and who are actively involved in teaching at any and all levels. The individuals are board-certified internists who have practiced in South Carolina.

Dr. Cook received her undergraduate degree in Biochemistry from Clemson University in 1978 and her Doctorate of Medicine from the Medical University of South Carolina in 1982. She performed her internship in Internal Medicine at MUSC and then completed her

Internal Medicine training at the University of Kentucky Medical Center in Lexington, Kentucky in 1986.



Since the completion of her training, Dr. Cook has devoted countless hours to teaching, first as an Assistant Professor of Emergency medicine in Kentucky and later as an Assistant Professor of Internal Medicine at the Anderson Medical Center in the Family Practice Program.

Dr. Cook has tirelessly worked to improve post graduate medical education at Anderson and

has given multiple lectures on scientific topics in addition to spending many hours in the clinic serving her patients and students. She is active in volunteerism in the Anderson area serving her church, her community and her profession with distinction. She has served for many years on the Governor's Council for the South Carolina Chapter of

the American College of Physicians and has provided invaluable input on countless decisions.

South Carolina AHEC congratulates Dr. Cook on this honor.



Dr. Anne Cook in her office in Anderson, SC.

Neal Shealy, MD Named President of the SCAFP

The Harrison Peeples Health Care Center proudly announces that Dr. Neal Shealy has been elected to President of the South Carolina Academy of Family Physicians (SCAFP). In tribute, the organization closed on Friday, 9 November, so its employees could be in attendance to personally witness this extraordinary achievement.



SOUTH CAROLINA
ACADEMY OF FAMILY PHYSICIANS

The South Carolina Academy of Family Physicians is the Palmetto state's largest primary care specialty medical association, representing over 1,400 family physicians, residents and medical students.

It was founded in 1949 to promote and maintain high quality standards for family doctors who are providing continuing comprehensive health care to the public and it is also a constituent chapter of the American Academy of Family Physicians.

Dr. Shealy is a native South Carolinian from Leesville, SC. He is a graduate of Newberry College and the Medical University of South Carolina. He completed his Family Medicine residency at the South Carolina AHEC Family Medicine Residency Training Program at the Greenville Hospital System.

After being in private practice for eight years in Crossnore, NC, he moved to Varnville, SC as Medical Director of the Harrison L. Peeples Health Care Center (rural health clinic and community-based teaching site) where he has been for the past 16 years. Dr. Shealy is a South Carolina AHEC Rural Physician Incentive Program grant recipient. He is married to Sharon Shealy, a Certified Family Nurse Practitioner and Certified Diabetic Educator, who also received an incentive grant from South Carolina AHEC to practice in an underserved area. Their son Phillip is currently serving in the Peace Corps in Tanzania and son Luke recently graduated from Rocky Mountain College in Billings, MT.



The new South Carolina Academy of Family Physicians President, Dr. Neal Shealy, is pictured here with his wife, Sharon. Sharon is a Nurse Practitioner and is also a South Carolina AHEC Incentive Grant Recipient.

The Harrison Peeples Health Care Center is the region's largest primary care practice specializing in comprehensive family medicine, pediatrics, behavioral health, physicals, Certified Diabetes Education and family planning. It is also partnered with Best Chance to offer qualified women free screenings for breast cancer prevention.

Health Career Student Completes His Goal of Practicing Medicine

Graduation from the Medical University of South Carolina in May 2007 marked both an end and beginning for Curtis "Gerald" Pressley, Jr. It was the end of eight years of higher education and training and the start of his life as a dentist. With his Doctorate of Dental Medicine (DMD) in hand, Gerald accepted an offer to join the cosmetic and general dental practice of Dr. David Black in Roanoke, VA.

Gerald joined the AHEC health careers program during his sophomore year at Southside High School in Greenville, South Carolina. Although he knew that he liked science and wanted to be a health professional, he was unsure which health career path to follow. Throughout high school and college, he explored a wide variety of health professions. The majority of his summers were spent in AHEC internship programs and attending Summer Institutes to help in his decision making process. He participated in the SCRIPT summer program with Lowcountry AHEC, served as a student role model during the Dental Careers Academy, and as an AHEC representative on a panel during a taping of "Changing the Face of Healthcare" sponsored by Project EXPORT at MUSC.

By the time he completed requirements to receive a bachelor's degree from the University of South Carolina, where he attended on a track scholarship, Gerald had settled on the field of dental medicine. His reasons for becoming a dentist include the fulfillment of his dream of becoming a doctor while still having flexibility for the social aspects of his life.

"My lifestyle is good and I am not faced with daily situations of life and death as are some other physicians", explains Gerald.

Gerald describes the atmosphere of the office in which he works as relaxed, "My week starts at 8:00 a.m. on Monday mornings, I'm finished at 5:00 each day." He also sees himself as being able to make a large impact in the lives of his patients by making minimal changes, "changes that are often measured in millimeters can result in major increases in the level of self esteem with many patients".



Gerald says that actually being in practice is different from being in school. He now works with an assistant during procedures and is required to coordinate with a team that includes a dental assistant, dental hygienist and front desk personnel. The amount of time that he is able to spend with each patient is now more limited than when he worked in the MUSC Dental Clinic as a student. Faculty is no longer looking over his shoulder approving his decisions or techniques. That major responsibility now falls on him and directly affects his reputation and future.

Gerald handles this challenge by, "trusting and applying what I learned during years of clinical and didactic training that I received. I enjoy being able to decide what materials I would like to use and which techniques would be most effective for the patient."

What's next for Dr. Pressley? Gerald looks forward to being able to practice cosmetic dentistry within the next few years. He has already started taking classes towards this goal. He sees himself as preparing for future professional experiences. "Twenty years from now, I will still be practicing and learning new things," Gerald states. "I appreciate AHEC for introducing me to the possibility of a career in medicine and for walking me through the different steps and stages to help me realize my career goals."

For now, he is looking forward to a very special day when he weds his college sweetheart, Erica Battle, during a ceremony in Jamaica.

Drill Conducted on Top of Hagood Garage

Mary Helen Yarborough, MUSC Public Relations

An MUSC parking structure was the scene of a terrible accident involving multiple injuries where medical officials from three states responded to tend to the critically and severely wounded.

Actually, no one was really injured, but the exercise in which a van would have crashed, leaving more than a dozen injured (grey blow-up dummies tagged with a written description of their injuries) in the garage, was to test medical responses on the scene of a disaster.

The drill, coordinated and hosted by the S.C. Area Health Education Consortium (AHEC), took place July 27 on the top floor of the Hagood Street garage under threatening weather conditions and hot, thick humidity.

Dozens of top medical officials from Florida, North Carolina and South Carolina participated in the event, which also included table-top drills the next day.

In all, medical personnel responded appropriately to 45 of the 50 victims. They later discussed issues to assure that all victims would be treated and referred for care correctly in a triage setting.

S.C. AHEC had invited AHECs in the Southeast to participate in the regional AHEC exercise to evaluate the proposed National Preparedness Curriculum and an AHEC model for distribution of the curriculum. A partnership with AHECs in North Carolina and Florida supported the implementation and delivery of curriculum to key influential community practitioners called Thought Leaders.

Participation as a Regional Thought Leader required that the individual be a health care provider who is likely to be sought by the people in their community at the onset of a public health emergency and who is in a position to affect change within a health care organization, professional association, or patient care arena by impacting policy, educating peers, influencing partnerships, or recruiting resources to prepare for a disaster.

Thought Leaders, a representation of physicians, nurses, pharmacists, physician assistants, and mental health care providers, completed a six-month online preparedness training, and S.C. AHEC Disaster Preparedness and Training Network acted as consultants for the

North Carolina and Florida AHEC Disaster Preparedness Education Coordinators in their planning.

At the end of the training period, Thought Leaders attended a regional AHEC collaborative meeting where they demonstrated competencies regarding their professional roles and responsibilities linked to the Target Capabilities List by participating in a National Incident Management System-compliant tabletop exercise.

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First responders participate in a disaster drill on top of the Hagood parking garage. Top level health officials from North Carolina, Florida and South Carolina assembled July 27 - 28 for an AHEC-sponsored training event.

Responders Prepare for Psychological Aid

Mary Helen Yarborough, MUSC Public Relations

When a disaster strikes, images streaming through the media reveal the resulting physical and structural damage with a glimpse of human reaction. Cameras may capture the external stress on people's faces but not the depth of agony and psychological trauma that could endure for years.

MUSC's Dean Kilpatrick, Ph.D., has studied communities and people affected by disasters, including those affected by the Pan Am flight 103 downing over Lockerbie, Scotland; the Sept. 11, 2001 terrorist attacks on New York City; Hurricane Hugo; and Florida's four-hurricane summer of 2004.

Research in which Kilpatrick was involved concluded that while many people are stressed during and long after a disaster, most people do not seek help even if help is readily available.

In 1988, Libyan-backed terrorists exploded a packed Pan Am Flight 103 as it passed over Lockerbie, Scotland. Hundreds of people lost loved ones, many of them American college students returning home from a summer trip. Although the U.S. Office of Victims of Crime authorized payment for mental health services to the families, only 6 percent of them used the funds allowed for the counseling, Kilpatrick said. Forty-eight percent of these families had emotional or behavioral problems, but only 36 percent sought treatment. About three-fourths of those who sought treatment thought it was helpful, he said.

What causes people to avoid seeking help when they truly need it is the fear of the stigma attached to psychological disorders. "And many people simply go into denial" about how an event has affected them, Kilpatrick said.

"Smokers smoke more, people who drink will drink more," Kilpatrick said.

Kilpatrick's studies generally concluded that while the prevalence of post-disaster post-traumatic stress disorder (PTSD), major depression and generalized anxiety disorder (GAD) were substantial, most people were resilient; and PTSD and MD increased risk of alcohol and tobacco use.



After four hurricanes struck Florida in 2004, Kilpatrick and his team of researchers conducted surveys of residents in two-thirds of the state. They found that about 11 percent of the population met the criteria for at least one of the three disorders: PTSD, GAD, and

major depression in the six to nine months after the hurricanes struck.

A number of disasters could strike the Charleston area: hurricanes, earthquakes, plane crashes, bridge collapses, chemical and biological releases, and terrorist attacks. Aspects of so-called "silent disasters" would include bioterrorism and exposure to toxic agents that increase psychological trauma, Kilpatrick said. Even in situations in which people have not been exposed to toxic agents, such as during Three Mile Island (TMI), public panic persists. "In 1979, the nuclear reactor at Three Mile Island almost had a meltdown, but there was minimal, if any, actual discharge of radioactive material," Kilpatrick said. "Therefore, any effects of the Three Mile Island incident were due to concerns about possible exposure or perceptions that they may have been exposed, rather than the actual effects of radiation."

Kilpatrick said a five-year follow-up after the 1979 TMI incident found that residents who lived within five miles of the plant had higher levels of distress, somatic complaints, anxiety

symptoms, higher levels of stress hormone, increased blood pressure, and more physician-rated problems that required prescribed medications.

These cases can turn from disasters to crises, which must be managed vigorously. Similar reaction could be anticipated following bioterrorism, radiation exposure or exposure to toxic substances in which people are physically harmed.

“Our primary role should be to provide accurate information and help manage hysteria,” Kilpatrick said.

Connie Best, Ph.D., has worked with AHEC to educate responders and health officials about how to address those psychologically harmed. She has developed a tool, Psychological First Aid Behavioral Checklist, that helps responders and health providers assess a victim’s mental state and level of psychological trauma.

“Any comprehensive disaster preparedness plan should also include ways to address the immediate psychological needs of the community,” Best said.

The number of people experiencing psychological effects will generally outnumber those who have been physically injured, Best said.

For example, about 2,800 people were killed on Sept. 11, 2001, but those who perished left behind an estimated 12,000 relatives, most of whom were emotionally devastated.

Twelve years after the Pan Am disaster, 300 families were evaluated for chronic psychological illness at the loss of their loved ones. Forty-eight percent of them had emotional or behavioral problems that required mental health treatment.

So while first responders are tending the physically injured, communities are urged to better aid those whose injuries don’t bleed or burn. The psychologically wounded will create a surge on health care facilities and could overwhelm response operations.

Many who are physically injured from a disaster may walk away from the hospital, but their injuries inside may have just begun. Shattered nerves and broken hearts aren’t easily repaired like bridges and buildings. That’s why MUSC and AHEC are working to educate the first response and health care communities to be prepared for the walking wounded and the psychological toll that disasters can take on a community.

Kilpatrick offered six suggestions for improving community disaster response:

- Improve preparation. “This is hard, because denial is powerful, and preparation means we have to think about bad things that might happen,” Kilpatrick said.
- Disseminate research-based knowledge about disaster-related mental health problems and interventions to mental health and public health professional, disaster relief agencies and public policy officials.
- Forget the notion that mental health response equals counseling disaster victims. “The issue is much bigger than that,” Kilpatrick said.
- Develop and disseminate psycho-educational self-help materials that are useful to the vast majority of disaster survivors who never develop mental disorders after disasters.
- Use what we know about human behavior to improve disaster preparation and delivery of post-disaster services.
- Use our knowledge and expertise to strengthen communities and foster resilience.

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Training Program Crosses State with Message of Preparedness

C.J. Johnson, Disaster Preparedness Training Manager, South Carolina AHEC

The Disaster Preparedness and Response Training team has been very active over the past few months. Between ordering equipment, building and organizing a new trailer, conducting preliminary site visits, and conducting classes, the coordinators and trainers who work on this initiative have been going non-stop.

Since the start of the new grant year in September, the DPRT team has conducted three Hospital Emergency Response Team (HERT) programs at Marlboro Park Hospital, Marion County Medical Center, and Edgefield County Hospital. More courses are being scheduled across the state.

While many of the course participants tell us that they have no experience with hazardous materials (and they would like to keep it that way), at the end of class they report that they are very thankful to have been a part of the training. The primary goal of the HERT program is to instill confidence in the student's ability to respond safely to a hazardous materials incident. At the end of each class we hold a debriefing to find out what we did right, what we can improve, and to elicit general comments. Here are a few of them:

"I found this to be the very best training I have ever participated in! Really! Instructors were informed, easy to understand, and a coach every step of the way!!!"

"I have 20 years as a hazmat tech and this was one of the best hazmat training sessions that I have experienced. Very well taught."

"You guys were really knowledgeable and that helps. I enjoyed the training and feel competent to perform decontamination."



The DPRT team has also conducted two Mass Casualty Incident (MCI) / START Triage exercises at White Oak and Loris Health Care. With the deployment of up to 280 inflatable MCI mannequins we can easily simulate a disaster scene allowing students to actually get out in the field and perform START triage. The ability to move around the victims gives them a more realistic experience and lets them see how disaster triage really works. In the first class a group of non-medically trained volunteers were able to triage 102 victims in less than seven minutes. The inflatable mannequins also make these exercises easier since they do not have to be fed.

Everyone involved with the Disaster Preparedness Response Training has been exceedingly pleased with the progress and success of the program. As word spreads and more courses are scheduled, it looks like this will be a very busy year.

For additional information on the HERT and MCI/START Triage programs, contact C.J. Johnson at 843-792-6018 or johnsoch@muscc.edu or visit www.scahec.net/prepares.

Mid-Carolina AHEC Working with Statewide Conferences

Pam Bartley, Continuing Education Coordinator, Mid-Carolina AHEC

Mid-Carolina AHEC was a proud co-sponsor of the 2007 South Carolina HIV/STD Conference, "Critical Times in the South" held October 17–19 at the Radisson Hotel Columbia and Conference Center. Over 450 participants attended the three day conference.

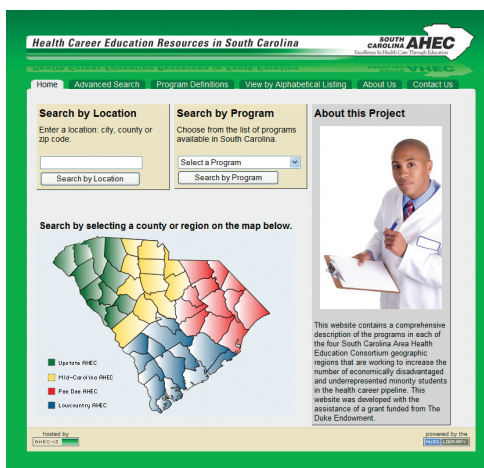
Keynote speakers included The Honorable Joseph H. Neal, SC House of Representatives from District 70 presenting "Forging Partnerships in Difficult Times"; Mark Zatyra, Consumer Advocate speaking on "Doing the Best With What I've Got"; Ronald J. Peters, DrPH, University of Texas Health Science Center, Houston School of Public Health, discussing "Sexual Risk-taking Behaviors of High Risk Youth"; and Denise Stokes, Motivational Speaker and AIDS Activist presenting on "Hope in Times of Crisis."

In addition, there were more than 55 concurrent sessions with topics including, HIV and STD prevention, care, and support services; comorbidities; alcohol/other drugs; sex and sexuality; consumer and population-specific issues; and skills building. Consumers who attended are now better informed about the importance of disease and treatment adherence. Clinicians received up-to-date treatment information enabling them to provide better care. In addition, prevention strategies and interventions were shared to help curb the spread of disease.

Also, Mid-Carolina AHEC co-sponsored the 14th Annual South Carolina/North Carolina Perinatal Partnership Conference in Greensboro, NC. The theme of the year's conference was *"Perinatal Excellence: A Season of Change"*. The course included three excellent preconference workshops on keeping birth normal; the developmental care needs of the premature infant; and aspects of postpartum home management, including maternal and infant assessment, as well as safety.

Plenary presentations focused on issues related to bed-rest for the obstetrical patient, domestic violence, illegal drug use, perinatal loss and "Centering", as a way of providing prenatal care. The breakout sessions featured contemporary topics such as progesterone treatment for preterm labor, necrotizing enterocolitis, reproductive health and contraception for the teenager, vaginal bleeding during pregnancy, retinopathy of prematurity and family centered care. The keynote speakers this year included Kellie Flood-Shaffer, MD, Peggy Payne, Detective Scott O'Neal, Angela Lamson, PhD and Amy MacDonald, CNM.

The 200 participants earned up to 12.25 of continuing education credits hours for their attendance. Next year's conference will be held in Myrtle Beach, SC.



The Health Career Education Resources in South Carolina website is an electronic database that contains information about agencies and organizations that support the preparation of minorities and underserved residents of South Carolina who are interested in exploring or pursuing professions of health care. The website is made possible through the support of The Duke Endowment. Access the HCER website at <http://ahec.library.musc.edu/hcer>.

Pee Dee AHEC Teams with McLeod Family Medicine Residency Program to present the 2007 Geriatric Seminar

On July 31, 2007, the first co-sponsored geriatric program between Pee Dee AHEC and McLeod Family Medicine was held in the McLeod Plaza Conference Center with over one hundred people in attendance. Richard Howell, MD, the McLeod Family Medicine Residency Geriatrics Coordinator, opened the 2007 Geriatric Seminar with a presentation on the Normal Aging Process. Because the process of normal aging in the absence of disease is accompanied by a myriad of changes in body systems, and because normal age-associated changes must be differentiated from pathological processes in order to develop appropriate interventions, this was a perfect place to begin.

Following Dr. Howell's presentation, Kelly Jones, PharmD, an Associate Professor in McLeod Family Medicine, presented Principles of Geriatric Pharmacology. Persons aged 65 years and older represent more than 15% of the US population, consume about 33% of all prescription medications, and purchase more than 40% of all over-the-counter medications. The average extended-care facility patient receives over seven medications per day. Dr. Jones addressed the problems of physiologic changes in the elderly including problems with absorption, prolonged hepatic metabolism, decreased renal elimination, and alterations in tissue sensitivity which contribute to a myriad of potential drug problems along with the issue of polypharmacy.

Gerard Jebaily, MD, MHSA, the Associate Director of McLeod Family Medicine Residency Program, presented Dementia in the Elderly. Ten percent of the population over 65 years of age suffers from dementia while 50% of those over the age of 85 years have the condition. Dementia is defined as a "progressive decline in multiple areas of cognitive function which produces deficits in self-care and significant loss of social and occupational performance." Dementia is not a normal part of the aging process nor is it depression, delirium, mental retardation or a psychosis. The stages of dementia, burdens to the caregiver, behavioral and physical problems associated with dementia, and treatment were discussed. With a rapidly aging population and with more people with dementia and coexisting illnesses needing medical care, this topic was most relevant to today's healthcare issues.

The last topic in the geriatric seminar, Pre and Post Operative Care of the Geriatric Patient, was presented by William Hester, MD, Residency Program Director and McLeod Regional Medical Center's Director of Medical Education. Dr. Hester presented common problems unique to the elderly in both the pre and post operative phases.

Because participant comments reflected the need for this to be a yearly event, Pee Dee AHEC staff and McLeod Family Medicine faculty are now planning the 2008 Geriatric Seminar. For additional information, contact Pee Dee AHEC at 843-777-5343.

ATTENTION ALL GRADUATES OF THE HEALTH CAREERS PROGRAM

*If you have an interest in working with the South Carolina AHEC Health Careers Program by serving as a **speaker, mentor or volunteer**, please contact Angelica Christie at christae@musc.edu or 843-792-4432. As you are aware, the assistance received from graduates and professionals is valuable to the overall experience of the program participants. Also, graduates log-on to update your contact information and tell us where your career has taken you.*

Update your information online at: www.scahec.net/hcpupdate.html.

Traci Coward Introduced as Health Professions Coordinator

On November 19th, Pee Dee AHEC welcomed Traci Coward, MPH, as a new Health Professions Student Coordinator. Traci will work closely with Kam Richardson in coordinating the placement of health profession students for clinical rotations and community based experiences across the twelve county Pee Dee region.

Traci received her Bachelor of Science in Parks, Recreation and Tourism Management with an emphasis in Therapeutic Recreation and a minor in Psychology from Clemson University. She earned her Master of Public Health with an emphasis in Health Promotion and Education from the University of South Carolina.

Traci comes to AHEC from Palmetto Pee Dee Behavioral Health and Florence School District One. She is also certified as a therapeutic recreation specialist by the National Council for Therapeutic Recreation Certification.

Traci and her husband, Jeff, live in Florence and are the proud parents of two daughters.

Welcome aboard Traci!

Lowcountry AHEC Adds Kim Stephens to Staff

Lowcountry AHEC is pleased to announce their new Health Professions Student coordinator, Kim Stephens. Kim has a Master of Science in Health Education from Virginia Tech, a Bachelor of Science degree in community health from Georgia Southern and a CNA from the Technical College of the Lowcountry.

For the last six years Kim has worked as a health educator for Low Country Health Care Systems, Inc, in Allendale and Barnwell counties.

Kim has also served as a community liaison for the lowcountry SCRIPT program.

Welcome aboard Kim Stephens!



Kristin Caldwell Welcomed as New DPRT Program Coordinator

Kristin Caldwell joined the staff of the South Carolina AHEC Program Office on November 19, 2007 as a Disaster Preparedness and Response Training Program Coordinator. In this role she will assist with the Medical Reserve Corps training sessions, which are being held throughout the state in cooperation with the Medical University of South Carolina and the South Carolina Department of Health and Environmental Control.

Kristin recently moved to Charleston from Atlanta where she worked in marketing and business development for Alston & Bird. She is a graduate of the University of Mississippi with a Bachelors in Business Administration.

South Carolina AHEC is glad to have Kristin on the team.





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CALL FOR ARTICLES:

The editorial staff of "South Carolina AHEConnects" welcomes the submission of articles, success stories and upcoming events for the Spring Edition.

Please forward information, articles and photos to Ragan DuBose-Morris at duboser@musc.edu. The deadline for submissions is February 18, 2008.

South Carolina Area Health Education Consortium

19 Hagood Avenue
Suite 802, MSC 814
Charleston, SC 29425-0814
www.scahec.net
843.792.4431